Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

03/06/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST. FRANCIS GROUP HOME CARE 8		1604 WILDWOOD DRIVE LAS VEGAS, NV 89108				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments		Y 000			
	This Statement of Deficiencies was generated a result of a complaint investigation conduct your facility on 03/06/09. This State Licensus survey was conducted by the authority of NF 449.150, Powers of the Health Division.	ed at ıre				
	The facility was licensed as an (8) bed Residential Facility for Groups which provide care to persons with mental illness, Categor residents.					
	The census at the time of the survey was 8 residents. One closed resident file was requested.					
	The findings and conclusions of any investig by the Health Division shall not be construct prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable feder state, or local laws.	d as s,				
	There was (1) one complaint investigated:					
	Complaint #NV21159 - was substantiated (s TAGS #Y053, Y645, Y853, Y859, Y876, Y9 Y931, Y932, Y933, Y936, Y937, Y938, Y942, Y942, Y944, and Y945).	30,				
	The following deficiencies were identified:					
Y 053 SS=A	449.194(4) Administrator's Responsibilities-Complete Rec		Y 053			
	NAC 449.194 The administrator of a residential facility sha 4. Ensure that the records of the facility are complete and accurate.	ıll:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 04/07/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4409AGC 03/06/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1604 WILDWOOD DRIVE** ST. FRANCIS GROUP HOME CARE 8 LAS VEGAS, NV 89108 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 053 Y 053 Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 03/06/09, the administrator failed to keep the records of the facility complete and accurate. This was a repeat deficiency from the 01/22/09 Annual State Licensure survey. Severity: 1 Scope: 1 Y 645 449.2704(1)-(5) Rate Agreement Y 645 SS=A NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.

This Regulation is not met as evidenced by: Based on record review and interview on 03/06/09, the facility failed to provide a rate agreement for a resident (Resident #1).

Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIP  A. BUILDING  B. WING	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		NVS4409AGC				03/0	6/2009
ST EPANCIS GPOUD HOME CAPE 8		1604 WILD	T ADDRESS, CITY, STATE, ZIP CODE  WILDWOOD DRIVE /EGAS, NV 89108				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
Y 645	Continued From page	e 2		Y 645			
	This was a repeat de Annual State Licensu Severity: 1 Scope:	•	/09				
Y 853 SS=A				Y 853			
	NAC 449.274 3. A written record of injuries and illnesses which occur in the fact made by the caregive discovers the accider illness. the record mu (a) The date and time or injury or the date at the illness was discovered must accord	of the resident cility must be er who first nt, injury or ust include: e of the accident and time that vered. ompany the					
	Based on record review 03/06/09, the facility f	failed to keep a written ort regarding a residen					
	Severity: 1 Scope:	1					
Y 859 SS=D	449.274(5) Periodic Fresident	Physical examination of	·a	Y 859			
	NAC 449.274						

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the conditions prescribed in subsection 6 of NRS

This Regulation is not met as evidenced by: Based on record review and interview on

03/06/09, the facility failed to ensure it obtained a

449.037 are met.

Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		A. BUILDING		(X3) DATE SUR COMPLETE	
		NVS4409AGC		B. WING		03/0€	6/2009
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
ST. FRAN	CIS GROUP HOME CAR	E 8		WOOD DRIVE S, NV 89108			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 876	Continued From page	e 4		Y 876			
	medication agreemer #1).	nt for a resident (Reside	ent				
	This was a repeat def Annual State Licensu	ficiency from the 01/22/ re survey.	/09				
	Severity: 1 Scope:	1					
Y 930 SS=A	449.2749(1)(a) Resid	ent File		Y 930			
	NAC 449.2749						
		st be maintained for each					
		ial facility and retained					
	<u> </u>	permanently leaves the be kept locked in a pla					
		and is protected again					
		ne file must contain all					
	records, letters, asses	ssments, medicai other information related	d to				
	the resident, including						
		dress, date of birth and					
	social security number	er of the resident.					
	This Regulation is no	ot met as evidenced by:	:				
	Based on record revie	ew and interview on					
	•	failed to provide the full of birth, and social sect					
	number of a resident		urity				
		•					
	Severity: 1 Scope:	1					
Y 931 SS=A	449.2749(1)(b) Resid	ent file		Y 931			

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

SS=A

NAC 449.2749

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical

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Y 933

NAC 449.2749

449.2749(1)(d)(1)-(3) Resident File

Y 933

SS=A

- 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:

  (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:
- (1) A description of any medical conditions which require the performance of medical services.
  - (2) The method in which those services must

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Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/SIDENTIFICATION NUMB		(X2) MULTIP  A. BUILDING  B. WING	LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
	OVIDER OR SUPPLIER	NVS4409AGC	1604 WILD	L RESS, CITY, STA WOOD DRIVE S, NV 89108			06/2009
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Y 933		e 7 f whether the resident is g the required medical	6	Y 933			
	This Regulation is no Based on record revi 03/06/09, the facility resident's file (Reside	failed to maintain a	:				
	Severity: 1 Scope:	1					
Y 936 SS=F	NAC 449.2749 1. A separate file muresident of a resident least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, asseinformation and any of the resident, including	st be maintained for eatial facility and retained a permanently leaves that be kept locked in a place and is protected again he file must contain all essments, medical other information relate g without limitation: bliance with the provisions and the regulations	for at e ice ist d to	Y 936			
	Based on record revi	failed to ensure a reside 41A.380 regarding					

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING \_ NVS4409AGC 03/06/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST. FRANCIS GROUP HOME CARE 8		1604 WILDWOOD D LAS VEGAS, NV 89			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		OBOOG REFERENCES TO THE ARRESTMENT	(X5) COMPLETE DATE	
Y 936	Continued From page 8	Y 936			
	This was a repeat deficiency from the 01/22/Annual State Licensure survey.	709			
	Severity: 2 Scope: 3				
Y 937 SS=D	449.2749(1)(f) Resident file	Y 937			
	NAC 449.2749  1. A separate file must be maintained for each resident of a residential facility and retained least 5 years after he permanently leaves the facility. The file must be kept locked in a plat that is resistant to fire and is protected again unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related the resident, including without limitation:  (f) The types and amounts of protective supervision and personal services needed by resident.	for at e ce ist			
	This Regulation is not met as evidenced by: Based on record review and interview on 03/06/09, the facility failed to address types amounts of protective supervision, if any, an personal services needed by a resident (Res #1).	and d			
	Severity: 2 Scope: 1				

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Severity: 1 Scope: 1

Y 941 449.2749(1)(h) Resident file

SS=A

Y 941

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NAC 449.2749

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical

information and any other information related to

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death and the dates on which the person responsible for the resident was contacted to

inform him of the death.

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#1).

Severity: 2 Scope: 1